

## Newsletter – April 2016

### LMC Meeting 11<sup>th</sup> April 2016

At our last LMC meeting we discussed a range of issues, including Rotherham LLP, Quality Contract, Dementia LES, phlebotomy, choose & book and INR.

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### Draft Quality Contract

The LMC have now had the opportunity to review the detail of the contract, including the standards. There was much debate at the last LMC meeting and GP members have submitted their detailed concerns to the CCG for consideration.

Overall, whilst we accept the intentions of this contract there will be a huge amount of administrative work that will need to be undertaken by both managers and clinical staff at a time when most practices do not have any spare time and are already struggling to keep their heads above water.

There has been in the past the concept of a soft touch approach. Against that backdrop this contract may prove unattractive, particularly financially for a large number of practices if the current monitoring system is invoked.

We note that most practices have signed the declaration of intent regarding the first year

of the contract, but we have reservations about practices' ability to meet the requirements for each standard. There is a huge amount of detail within the contract standards which practices will have no influence on, yet are expected to meet to achieve payment milestones. Our discussions with the CCG are continuing.

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### Dementia LES

While we fully recognise the assurances given at the previous LMC meeting that payment will be based on completion of the diagnostic pathway, not on making a diagnosis of dementia, we feel this is still not being made clear to individual practices in the actual LES document which practices are being asked to sign.

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### Rotherham LLP

Although the LLP exists in legal form there is still much work to be done to engage with individual practices. The backdrop is a beleaguered primary care and the new manager, Chris Thompson will soon be meeting practices on a 1-1 basis during the next three months to galvanise support and action. The LLP process will probably be wound-up in September if there is no progress on practice participation following these visits.

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### Communication of patient diagnostic test results on discharge from hospital.

New guidance from NHSE makes it explicit that *"the clinician who orders the test is responsible for reviewing, acting and communicating the result and actions taken to the GP and patient even if the patient has been discharged"*.

The practice of acute providers copying investigation results automatically to GPs adds unnecessary bureaucratic workload onto practices, and is a particular threat to patient safety as each party may consider the other responsible for acting on the result.

Communications should be limited to those test results that have clinical significance, and these should be accompanied by a clear explanation that the result has been seen and actioned to fulfil the investigators' responsibilities, as clearly stated in the NHS England guidance.

More information here:-

<https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2016/03/discharge-standards-march-16.pdf>

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## Revalidation Guidance

The RCGP has approved a new Guide to Supporting Information for Appraisal and Revalidation that aims to reduce inconsistencies in interpretation and simplify and streamline the recommendations:-

<http://www.rcgp.org.uk/revalidation/new-revalidation-guidance-for-gps.aspx>

## Publication of NHS payments to general practice and GP net earnings

GP practices will be aware that, from 1 April 2015, it is a contractual requirement for practices to publish on their practice website by the end of the financial year (ie 31 March 2016) the mean earnings for all GPs in their practice relating to the previous financial year (ie 2014/15). Alongside the mean earnings figure, practices will also need to publish the relevant number of full and part time GPs included in the calculation.

<http://www.bma.org.uk/support-at-work/gp-practices/publication-of-gp-net-earnings>

## Firearms licensing

Since the new firearms process went live from 1st April, the BMA has received a very large number of complaints from GPs regarding fees payable for responding to the initial letter received from the police. The BMA have issued amended guidance on their website:-

<http://www.bma.org.uk/support-at-work/ethics/confidentiality-and-health-records/firearms>

which clearly states that it is up to the GP to decide whether to undertake the work with or without charging a fee.

## The Accessible Information Standard

This aims to ensure that disabled people have access to information they can understand and the communication support they may need. Practices are expected to follow the Standard by 31 July 2016.

<file:///C:/Users/Greg/Downloads/Focus-on-the-Accessible-Information-Standard-April-2016.pdf>

## 2016-17 QOF guidance

The minor amendments made to QOF for 2016-17 are:

- An adjustment to the value of a QOF point taking account of population growth and relative changes in practice list size from 1 January 2015 to 1 January 2016. The national average list size as of 1 January 2016 is 7460 (January 2015 was 7,233) and the value of a QOF point for 2016/17 will be £165.18 (last year £160.15).

- No changes to thresholds for 2016/17
- No changes to QOF indicators

You will also be aware that as part of the negotiations for the 2017-18 contract, NHS Employers and GPC have agreed to explore ending QOF in its entirety.

More info from GPC here:-

<http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework/changes-to-qof-2016-17>

## LMC Meeting

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers. The Committee meets on the second Monday of every month (except August) in the Board Room at Rotherham General Hospital

### NEXT LMC MEETING

9<sup>th</sup> MAY 2016

COMMENCING  
At 7.30 PM

### OFFICERS OF THE LMC

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If you have any questions or agenda items, or wish to submit appropriate articles for this newsletter

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